Department of the Treasury

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

ΔΕ	or th	2012 calendar year, or tax year beginning an	d ending	<del> </del>	
	heck if	C Name of organization	a chaing	D Employer identifi	cation number
a	plicab	e e			
	Addre				
	Name	Doing Business As		27-2	085495
	]Initial retum	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termi ated	PO Box 416		610-	639-1935
	Amen return	City, town, or post office, state, and ZIP code	·	G Gross receipts \$	2,300,000
	Application	wylliewood, FA 19090		H(a) Is this a group re	eturn
	pendi	F Name and address of principal officer JOE WATKINS		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates ind	cluded? Yes No
		empt status:501(c)(3)501(c)() ◀ (insert no )4947(a)(1	) or X 527	If "No," attach a	list. (see instructions)
		e: ► http://www.studentsfirstpa.com/		H(c) Group exemption	
		organization X Corporation Trust Association Other ►	L Year	of formation 2010 n	M State of legal domicile P.
Pa	rt i	Summary			
9	1	Briefly describe the organization's mission or most significant activities: SUP	PORT PO	DLITICAL CAN	DIDATES IN
au		PENNSYLVANIA WHO SUPPORT CHARTER SCHOOL			
Activities & Governance		Check this box 🕨 🔛 if the organization discontinued its operations or disp	osed of more	í	ssets. I
် ဗိ			· ····· · ·	···· ·	
જ		Number of independent voting members of the governing body (Part VI, line 1b		4	
ţi.		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	
ξ <u>:</u>		Total number of volunteers (estimate if necessary)			0
۶ ا					0
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		<u> </u>
	_	0 14 15 170 170 170 170		Prior Year 354,000.	2,300,000
Revenue		Contributions and grants (Part VIII, line 1h)		334,000.	2,300,000
Ve		Program service revenue (Part VIII, line 2g)		0.	0
<u>۾</u>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0
		•		354,000.	2,300,000
$\dashv$		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		334,000.	2,300,000
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	··	0.	0
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part <u>IX, column</u> (A), line 11e)	"	0.	0
be	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	011 1910 4010 0 7 2012 4014		301,315.	2,386,681
}		Other expenses (Part IX, column (A); lines 1:13-11 d, 111-24e) Total expenses (Add_lines 13-17 (must equal Part IX, column (A), line 25)	· · · ·	301,315.	2,386,681
l		Revenue less expenses. Subtract line,18 from line 12	···	52,685.	-86,681
58	<u></u> _	Trevende less expenses. Outstact intervollent line 12	Ri	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		141,900.	55,219
쏄		Total liabilities (Part X, line 26)	··· · · · · ·	0.	0
狺		Net assets or fund balances. Subtract line 21 from line 20		141,900.	55,219
Pa	rt II	Signature Block		•	
Unde	r pena	Ities of perjury, I declare that I have examined this return, including accompanying schedit, and complete. Declaration of preparer (other than officer) is based on all information of	iles and staten	nents, and to the best of m	ny knowledge and belief, it is
rue,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge	
				5/	73/13
Sign		Signature of officer		Date	•
Here	,	BRIAN P. SULLIVAN, TREASURER			
		Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check [	PTIN
Paid				self-employ	yed
rep		Firm's name	· · · · · · · · · · · · · · · · · · ·	Firm's EIN	· · · · · · · · · · · · · · · · · · ·
Use (	Only	Firm's address >			
		745, 375, 375, 375, 375, 375, 375, 375, 37		Phone no	
Иaу	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

<u>-01111</u>	1990 (2012) STUDENTS FIRST PAC 2.7	<u>-2085495</u>	Page 2
Par	rt.III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	THE PURPOSE OF STUDENTS FIRST PAC IS TO SUPPORT POLITICAL		<u> </u>
	WHO ARE RUNNING FOR STATE WIDE OFFICE IN THE COMMONWEALTH		
	PENNSYLVANIA AND WHO SUPPORT CHARTER SCHOOLS AND VOUCHER P	ROGRAMS	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	☐ Yes [	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes [	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean	sured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 525,000 • Including grants of \$) (Revenue \$		<u> </u>
	CITIZENS ALLIANCE OF PENNSYLVANIA PAC. Supporting candida	tes runnir	ia '
	for office in the Commonwealth of Pennsylvania who support		
	schools and voucher programs.		
		•	
			<del> </del>
4b	(Code ) (Expenses \$ 291,000 • including grants of \$ ) (Revenue \$		
40	(Code)(Expenses \$291,000. Including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)		,
		Office in	+ho
	Commonwealth of Pennsylvania who support charter schools a		
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	Commonwealth of Pennsylvania who support charter schools a programs.		
4c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$160,000. including grants of \$) (Revenue \$	and voucher	
<b>4</b> c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$	and voucher	
4c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$) (Revenue \$)  SENATE REPUBLICAN CAMPAIGN COMMITTEE. Supporting candidate for office in the Commonwealth of Pennsylvania who support	and voucher	
4c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$	and voucher	
4c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$) (Revenue \$)  SENATE REPUBLICAN CAMPAIGN COMMITTEE. Supporting candidate for office in the Commonwealth of Pennsylvania who support	and voucher	
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4c	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$) (Revenue \$)  SENATE REPUBLICAN CAMPAIGN COMMITTEE. Supporting candidate for office in the Commonwealth of Pennsylvania who support	and voucher	
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_	Commonwealth of Pennsylvania who support charter schools a programs.  (Code)(Expenses \$ 160,000. Including grants of \$	and voucher	
4d	Commonwealth of Pennsylvania who support charter schools a programs.  (code)(Expenses \$\frac{160,000.}{160,000.} \text{including grants of \$\frac{1}{2}\$} \text{]} (Revenue \$\frac{1}{2}\$ SENATE REPUBLICAN CAMPAIGN COMMITTEE. Supporting candidat for office in the Commonwealth of Pennsylvania who support schools and voucher programs.	and voucher	

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Pa	rt,IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			l
_	If "Yes," complete Schedule A	1	1,,	<u> X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<b></b> _
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		.,	
	public office? If "Yes," complete Schedule C, Part I	3	X	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	<del> </del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l _	1	v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			<sub>v</sub>
7		6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		<u> </u>
Ü	Schedule D, Part III	٦		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	8		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	٦		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	-	
		10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	<del> </del>	<u> </u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	•		Ī
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<del> </del>		<del></del>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11ь		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	<u> </u>		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	<del> </del>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Ĺ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ł	
	complete Schedule G, Part III	19	<u></u>	Х

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	990 (2012) STUDENTS FIRST PAC 27-208	<u> 5495</u>	P	age 4
Par	t,IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		-	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del> -
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		<del></del>
2-74	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
		240		<del> </del>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		i
	any tax-exempt bonds?	24c		<del>                                     </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<del></del>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ţ
	Schedule L, Part I	25b		<del> </del>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualifie			١,,
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		1
	instructions for applicable filing thresholds, conditions, and exceptions):			<b>!</b>
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			T
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		

Х Form 990 (2012)

37

Х

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Pa	Check if Schedule O contains a response to any question in this Part V			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		l
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ļ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	ļ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	X
ь	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	X
b		5b	<u> </u>	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		.,	
	any contributions that were not tax deductible as charitable contributions?	_6a	X	<del> </del> -
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱	<sub>v</sub>	
7	were not tax deductible?	6b	X	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>,</b> ,	1	Х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	$\vdash$	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7 <u>b</u>	<del> </del>	
·	to file Form 8282?	7c		x
d	If "Yes," Indicate the number of Forms 8282 filed during the year	/-		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		f
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>                                     </del>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9ь		
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			Ī
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			Ī
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)		1	1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	ļ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del>                                     </del>	<del>                                     </del>
L	Note. See the instructions for additional information the organization must report on Schedule O.			Į
b		1		<b>‡</b>
_	organization is licensed to issue qualified health plans  Enter the amount of receives on head	1		1
C 14a	Enter the amount of reserves on hand  Did the organization receive any payments for indeer tanging convers during the tay year?	4.4-	<del> </del>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	<del>                                     </del>	<del>  ^</del>
<u> </u>	ii res, has it lieu a rottii rzo to report triese paytilettis rii rvo, provide an explanation in Schedule O	14b		<u> </u>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			<u> </u>						
<u>Sec</u>	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent  1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	_2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X_						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	i	X						
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		<u>X</u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		_X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
Ь	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>X</u>						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		L						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
40	In Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		v						
	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a		X						
D		15b								
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	[								
. 50	taxable entity during the year?	10-	1	Х						
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a								
-	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b	1							
Sec	tion C. Disclosure	100	L							
17	List the states with which a copy of this Form 990 is required to be filed ▶PA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah								
-	for public inspection. Indicate how you made these available. Check all that apply.	uvallat								
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd fina-	rcial							
	statements available to the public during the tax year.	ıu ıııldı	iciai							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:								
	BRIAN SULLIVAN - 610-639-1935	ation.								
	PO BOX 416, WYNNEWOOD, PA 19096									
232006										

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			(0	2)			(D)	(E)	(F)	
Name and Title	Average hours per week	box	not c	Pos heck ss pe	SITION more than one more than one more than one more than one more than more more than more tha		h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BRIAN SULLIVAN	7.00			,,						•	
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Form 990 (2012)

Part VII Section A. Officers, Directors, Trus		pioy	ees			gne	st C			<del></del>		
(A)	(B) Average		(C) Position			1		(D)	(E)	l _	(F)	_
Name and title	hours per		(do not check more than one box, unless person is both an			than		Reportable compensation	Reportable compensation		stimate nount	-
	week					or/trus		from	from related	ا	other	OI
	(list any	Scto.						the	organizations	com	pensa	ition
	hours for	lig lo	92			ated		organization	(W-2/1099-MISC)	fı	om th	е
	related organizations	ustee	trust		, g	pens		(W-2/1099-MISC)		_	anizat	
	below	Individual trustee or director	Institutional trustee	١.	l go	15 ag	_				d relat anızatı	
	line)	Indivi	Instit	Officer	Кеу етріоуев	Highest compensated employee	臣			J		01.0
		Г										
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		1										
		-				<del> </del> -	<del> </del>	· · · · · · · · · · · · · · · · · · ·		+-		
1b Sub-total						<b></b>		0.	0 .			0.
c Total from continuation sheets to Part VI	l, Section A					$\blacktriangleright$		0.	0 .			0.
d Total (add lines 1b and 1c).			<u></u>			<u> </u>		0.	0.	<u></u>		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	o re	eceived more than \$100	,000 of reportable			_
compensation from the organization								<u> </u>	<del></del>		Yes	()
3 Did the organization list any former officer,	director or tri	ieta	a ka	w er	nolo	waa	or	highest componented o	mplayaa an		res	No
line 1a? If "Yes," complete Schedule J for s			5, KC	y ei	пріс	уее	, 01	nighest compensated e	inployee on	3		Х
4 For any individual listed on line 1a, is the su			amo	ensa	atior	and	d otl	her compensation from	the organization	J		-
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or a	ccrue compei	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or su	ıch	pers	son			<u> </u>	5		X
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for										sation f	rom	
(A)	ine calendar y	ear	enai	ng v	VIII	or w	Itnir	the organization's tax (B)	/ear	(0	``	
Name and business	address	NO	ONE	3				Description of s	ervices	ر Compe		n
				-			$\neg$	·		<u> </u>		
									_			
						_						
	<del></del>						$\dashv$					
							$\dashv$					-
2 Total number of independent contractors (ii	ncluding but n	ot lii	mite	d to	tho	se lis	t	above) who received m	ore than	······································		
\$100,000 of compensation from the organization						)		,				
								·		Form	990 (	2012

		Check if Schedule O cont	ains a response	to any question		(B)	(C)	
					(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
ara iou	l b	Membership dues	1Ь					1
S, (	0	Fundraising events .	1c					
팔	d	Related organizations	1d	· -				1
S,E	e	Government grants (contribut	ions) 1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran						
		similar amounts not included abo	ve <b>1f 2</b> ,	300,000.				
ga	g	Noncash contributions included in lines	1a-1f \$					
<u>8 0</u>	h	Total. Add lines 1a-1f			2,300,000.			
				Business Code				-
ဗ္ဗ	2 a	1	1					
ē Š	b	)						
n Si	c	·						
돌	d	·						
Program Service Revenue	e	•	<del> </del>			<u></u>		
Δ.	f	All other program service reve	enue				·····	
	9	Total. Add lines 2a-2f						1
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond	proceeds				ļ
	5	Royalties						<u></u>
	_		(i) Real	(ii) Personal	-			1
	6 a		ļ	<del> </del>				1
	l p		<b> </b>					1
	l °		L	<u> </u>	-	·		1
	ı	Net rental income or (loss)			ļ			<u> </u>
	/ a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory		<del> </del>	-			1
	, D	Less: cost or other basis						
		and sales expenses Gain or (loss)			-			
		Net gain or (loss)	L	<b>•</b>				1
		Gross income from fundraisin	a evente (not					-
nue	" "	Including \$	of					
Other Revenu		contributions reported on line						
Ϋ́		Part IV, line 18	, a					
the	ь	Less: direct expenses	 b		1			1
0		: Net income or (loss) from fund	_	. ▶	1	1		Ī
	•	Gross income from gaming ac	-				***************************************	
		Part IV, line 19	а					1
	b	Less: direct expenses	b		1			1
		Net income or (loss) from gam	ning activities	<b>•</b>	]	]		Ī
	10 a	Gross sales of inventory, less	returns					1
		and allowances	а					1
	b	Less: cost of goods sold	. b					
	С	Net income or (loss) from sale	s of inventory	<b>&gt;</b>				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b							
	С		· · ·					
	d	All other revenue .						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
22200	12	Total revenue. See instructions		<u> </u>	2,300,000.	1		<u></u>
23200 12-10	-12							Form <b>990</b> (2012)

Part IX   Statement of Functional Expenses									
Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a respon								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States See Part IV, line 22		<del></del>						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16		····						
4	Benefits paid to or for members		<del> </del>		<del></del>				
5	Compensation of current officers, directors,								
^	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
7	persons described in section 4958(c)(3)(B) Other salaries and wages				<del> </del>				
7 8	Other salaries and wages Pension plan accruals and contributions (include		<del></del>						
0	section 401(k) and 403(b) employer contributions)			-					
9	Other employee benefits								
10	Payroll taxes		<u> </u>						
11	Fees for services (non-employees):								
	Management								
b	Legal	256.							
c	Accounting		<del></del>						
d	Lobbying				1				
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
-	column (A) amount, list line 11g expenses on Sch O)	20.							
12	Advertising and promotion	1,686.							
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy		<u>-</u>						
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest .		<u> </u>	<del> </del>	<del> </del>				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23 24	Insurance Other expenses Itemize expenses not covered								
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)								
а	Campaign Contributions	2,384,625.							
b	PO BOX EXPENSE	94.							
С									
d									
е	All other expenses			<u></u>					
25	Total functional expenses. Add lines 1 through 24e	2,386,681.							
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation								
	Check here If following SOP 98-2 (ASC 958-720)			1 .					

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X End of year Beginning of year 141,900. 55,219. Cash · non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c **b** Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets . . . 15 15 Other assets. See Part IV, line 11 55,219 141,900. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses . . . . . 17 17 18 18 Grants payable Deferred revenue ...... 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D . . . . . . . 0. Ō. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Ō. Paid-in or capital surplus, or land, building, or equipment fund 31 31 141,900. 55,219. 32 32 Retained earnings, endowment, accumulated income, or other funds 141,900. 55,219. 33 33 Total net assets or fund balances 55,219. 141,900. 34 Total liabilities and net assets/fund balances

Form 990 (2012)

Form 990 (2012)

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to • Section 501(c)(4), (5), or (6) organiza		xy Tax), or Form 990-E	EZ, Part V, line 35c (Proxy	Tax), then
Name of organization	tions. Complete Fait III.		Emp	oloyer identification number
STUDENT	S FIRST PAC		'	27-2085495
	janization is exempt un	der section 501(c)	or is a section 527	
Provide a description of the organiz Political expenditures  Volunteer hours	· · · · · · · · · · · · · · · · · · ·	ical campaign activities		\$2,384,625.
Part I-B Complete if the org	ganization is exempt un	der section 501(c	)(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax	incurred by organization mana-	gers under section 495		\$
3 If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				
Part I-C Complete if the org	janization is exempt un	der section 501(c	, except section 501	(c)(3).
1 Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities .	\$
2 Enter the amount of the filing organ	ization's funds contributed to d	other organizations for s	section 527	
exempt function activities			.▶	\$
3 Total exempt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POI	-1	
line 17b				\$
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and er				
made payments. For each organiza				
contributions received that were pr			- · · · · · · · · · · · · · · · · · · ·	ate segregated fund or a
political action committee (PAC). If	· · · · · · · · · · · · · · · · · · ·		( 1V	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
For Paperwork Reduction Act Notice	see the Instructions for Form	990 or 990-FZ.	Schedule	C (Form 990 or 990-FZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012						2085495 Page 2
Part II-A Complete if the org			npt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sec						
				Part IV each affiliated	group member's nan	ne, address, EIN,
expenses, and share			•			
B Check 🕨 🔛 if the filing organiza	tion check	ed box A ar	id "limited control" pro	ovisions apply.		
		oying Exper eans amou	nditures nts paid or incurred.)	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence pub	ic opinion (g	grass roots lobbying)	_	· · · · · · · · · · · · · · · · · · ·	
<b>b</b> Total lobbying expenditures to influ	uence a leg	gislative boo	ly (direct lobbying) .	[		
c Total lobbying expenditures (add li	ines 1a and	d 1b)				
d Other exempt purpose expenditure	es .					
e Total exempt purpose expenditure	s (add line	s 1c and 1d	)	. [		
f Lobbying nontaxable amount. Enter	er the amo	unt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:		1
Not over \$500,000		20% of	the amount on line 1e.			.[.
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		-
Over \$1,000,000 but not over \$1,5	000,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		1
Over \$1,500,000 but not over \$17,	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.		1
Over \$17,000,000		\$1,000,0	000.			1
<del>-</del>						
g Grassroots nontaxable amount (en		•				-
h Subtract line 1g from line 1a. If zer		•		· ··· ··		
i Subtract line 1f from line 1c. If zero	· · · · · · · · · · · · · · · · · · ·	-		. [		1
j If there is an amount other than ze		rline 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					<del></del>	Yes No
	ations tha	t made a s		Section 501(n)  n do not have to comp  es 2a through 2f on pa		
	Lobb	ying Exper	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2009	<b>(b)</b> 2010	(c) 2011	( <b>d</b> ) 2012	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
·	1			1		

Schedule C (Form 990 or 990-EZ) 2012

## Schedule C (Form 990 or 990 EZ) 2012 STUDENTS FIRST PAC 27-2085495 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	Yes	No	Amo	bunt
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	n 501(c)(t			
501(c)(6).		o), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		<u></u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section		3		
answered "Yes."  1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
expenses for which the section 527(f) tax was paid).				
a Current year	٠	2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	ess .			
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	•			
<u> </u>	<del></del>	1 3	<u> </u>	
	rt II-A (attiliat	ted group	list); Part II	-A, line
nd Part II-B, line 1. Also, complete this part for any additional information.				
Part I-A, Line 1:				
THE DUDDOGE OF CHURCHES FIRST NAC TO TO SUPPOSE TO THE	TO 3 T -		3 m = 2	
THE PURPOSE OF STUDENTS FIRST PAC IS TO SUPPORT POLIT	ICAL C	ANDID	ATES	
WHO ARE RUNNING FOR STATEWIDE OFFICE IN THE COMMONWEAR	LTH OF			
			_	
PENNSYLVANIA AND WHO SUPPORT CHARTER SCHOOLS AND VOUC	HER PR	OGRAM	.S.	
<ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and percentiture next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Supplemental Information</li> <li>Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-B, line 4; Part I-C, line 5; Part I-C, li</li></ul>	olitical	4 5	list): Part II	-A. lin
	rt II-A (affiliat	ted group	list). Part II.	-A line

Schedule C (Form 990 or 990-EZ) 2012

### **SCHEDULE O** (Form 990 or 990-EZ)

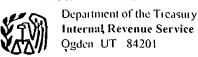
## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization **Employer identification number** STUDENTS FIRST PAC 27-2085495 Form 990, Part III, Line 4d, Other Program Services: OTHER CAMPAIGN EXPENSES. Supporting candidates running for office in the Commonwealth of Pennsylvania who support charter schools and voucher programs. Expenses \$ 1,408,625. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section B, line 11: FORM 990 IS REVIEWED BY THE GOVERNING BODY OF THE ORGANIZATION PRIOR TO ITS FILING. Form 990, Part VI, Section C, Line 19: No documents available to the public.



272085495 For assistance, call: 1-877-829-5500 FAX 801-620-5670

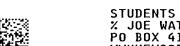
Notice Number: CP211A

Date: May 6, 2013

Taxpayer Identification Number:

27-2085495 Tax Form: 990

Tax Period: December 31, 2012



STUDENTS FIRST PAC % JOE WATKINS PO BOX 416 WYNNEWOOD PA 19096-0416

020855

# APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2013.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at <a href="https://www.irs.gov/eo">www.irs.gov/eo</a>. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

# Form **8868** (Rev January 2013) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545 1709

Form 8868 (Rev 1-2013)

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			. <b>&gt;</b> X		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)				
Do not co	omplete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868			
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for	a corporation		
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	ile Form 88	368 to reques	st an extension		
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated W	/ıth Certaın		
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing o	of this form,		
visit www	.irs.gov/efile and click on e-file for Chanties & Nonprofits	S						
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded)				
A corpora	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete				
Part I only						<b>▶</b> □		
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time			
Type or	Type or Name of exempt organization or other filer, see instructions.  Employer identification in							
print	STUDENTS FIRST PAC 27-2							
File by the due date for	Number, street, and room or suite no. If a P.O box, s	ee instruc	tions.	Social security number (SSN)				
filing your	PO Box 416	••••••••••••••••••••••••••••••••••••••	,					
return See Instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.	<u> </u>	···			
	Wynnewood, PA 19096							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01		
Application		Return	Application			Return		
Is For			Is For	Code				
Form 990 or Form 990-EZ			Form 990-T (corporation)	07				
Form 990-BL			Form 1041-A	80				
Form 4720 (individual)		03	Form 4720	09				
Form 990-PF			Form 5227	10				
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11		
Form 990-T (trust other than above)			Form 8870					
	BRIAN SULLIVAN							
	oks are in the care of PO BOX 416 - W	YNNEW						
	one No. ► 610-639-1935		FAX No					
	rganization does not have an office or place of business					▶ 🗀		
	s for a Group Return, enter the organization's four digit				_	roup, check this		
<u>box</u> ▶ <u>L</u>	If it is for part of the group, check this box				ers the exten	ision is for.		
	quest an automatic 3-month (6 months for a corporation	' <del>-</del>						
		t organiza	tion return for the organization name	ed above.	The extensio	n		
	or the organization's return for:							
<b>▶</b> L	► X calendar year 2012 or							
►L	tax year beginning	, an	ad ending		<b>-</b> ·			
G 1640.			[]	<b>5</b>				
2 If th	e tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on:	Fınal retur	n			
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		<u> </u>			
	refundable credits. See instructions.	•		3a	\$	0.		
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$							
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					0.		
	using EFTPS (Electronic Federal Tax Payment System)	-		3c	\$	0.		
Caution.	If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879-	EO for payme	ent instructions		

For Privacy Act and Paperwork Reduction Act Notice, see instructions.